

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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47						
48						
49						
50						
TOTAL IND.	I					
TOTAL DEP.	I	↔	↔	↔	↔	↔
TOTAL CLAIMS	2	2	2	2	2	2

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS						